

***iPad 4 U Scholarship Program***

**FEAT of Southern Nevada** understands that technology is an integral part for individuals on the autism spectrum to become more independent and reach their full potential. The **FEAT IPAD 4 U Scholarship Program** is funded by a generous grant from the **Fund for a Healthy Nevada – Nevada Department of Health and Human Services**. This grant will help provide an iPad (ATD - Assistive Technology Device) and Apps to improve academics, communication and independent living skills of individuals diagnosed with autism. Additionally, FEAT is partnering with **Victor Autism Resources (VAR)** to evaluate, train and mentor the scholarship recipients to ensure they use the ATD to its full capacity. Please submit application to [ipad4u@featsonv.org](mailto:ipad4u@featsonv.org)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

<b>Applicant Information – Please Print</b>		
Applicant Name:		
Date of birth:	Phone:	Email:
Current Address:		
City:	State:	Zip Code:
Parent/Guardian Name:	Annual Income:	Ethnicity:
<b>Diagnosis &amp; Therapies</b>		
Diagnosis:		
Current Therapies:		How Long:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:
Provider Name:	Provider Contact #:	Provider Email:

Is the individual a resident of Las Vegas? Y/N (Must be a local Southern Nevada resident to qualify)

Does the individual have limited or no language? Y/N

Does the individual need help with academics? Y/N

Does the individual need help with independent living skills? Y/N

Please describe the individuals communication/academic/daily living abilities:

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Has the individual applied for assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

Does the individual currently have assistive technology through CCSD, NV State AT Program or Medicaid? Y/N

If so, which device? \_\_\_\_\_

Does the individual have a provider that uses assistive technology apps in their treatment plan? Y/N

If so, please provide the providers name \_\_\_\_\_

**Scholarship generously  
sponsored by:  
Fund for Healthy Nevada (FHN)**

**iPad 4 U General Information Page:**  
**(Please initial)**

1. \_\_\_\_\_ The parent/guardian must be a member of FEAT of Southern Nevada to apply for the "iPad 4 U Scholarship Program". Please sign up as a member on-line at [www.featsonv.org](http://www.featsonv.org). Non-Members will not be considered.
2. \_\_\_\_\_ Provide Proof of Autism (Diagnosis letter from a physician or front page of an IEP) Please attach to completed application.
3. \_\_\_\_\_ **Must provide written statement and or documentation from any of the following: Speech Path, ABA, Occupational Therapist, Special Ed Teacher, Neuro-Psych** stating the need of an assistive tech device and what software they use in their treatment plans for communication.

Please describe the individual barriers expressing his/her needs and wants and or independent living barriers for his/her personal hygiene, dressing/clothing care, cooking, eating, safety, financial management, employment, and community access if any (250 words maximum – please attach statement/documentation to the application)

4. \_\_\_\_\_ **Parent/guardian must also provide a written statement** to explain the primary purpose of the request and what an assistive technology device and software would mean to your son/daughter (250 words maximum – please attach statement to application).
5. \_\_\_\_\_ **Provider and Parent** must sign the "iPad 4 U" scholarship application to be considered.
6. \_\_\_\_\_ iPad 4 U Scholarship Program will provide **ONE** device per child per family.
7. \_\_\_\_\_ Parent/Guardians are responsible to purchase protective covering and screen protectors.
8. \_\_\_\_\_ FEAT will not be responsible for broken devices, repair services and/or replacement of device.
9. \_\_\_\_\_ If your child has been approved through CCSD, NV State AT Program or Medicaid for an assistive technology device you **will not qualify** for the "iPad 4 U Scholarship Program".
10. \_\_\_\_\_ Funding is limited, not every applicant will be awarded an assistive tech device.
11. \_\_\_\_\_ You will be contacted by a FEAT Team member if your application has been approved for an assessment with Victor Autism Resources (VAR)
12. \_\_\_\_\_ Victor Autism Resources will contact parent/guardian to schedule initial assessment.
13. \_\_\_\_\_ Once approved for a device each recipient will receive **ten (10) hours** of instruction and mentoring from Victor Autism Resources (VAR), these hours are mandatory.
14. \_\_\_\_\_ Parents and Providers must submit a short statement stating individual's progress 6 months after the device was awarded.

I agree to the terms of the general information page:

<b>Signatures</b>	
<b>Signature of Guardian:</b>	Date:
<b>Signature of Provider:</b>	Date:

**Please provide the following documents:**

- 1) Completed Application
- 2) Proof of Autism- (Diagnosis letter from your child’s physician or front page of an IEP).
- 3) Parent/Guardian written statement
- 4) Provider written statement
- 5) Documentation of limited or no communication and independent living barriers (documentation from a Speech Path, ABA, Occupational Therapist and or Special Education Teacher requesting an assistive tech device).

**Return all completed applications to:**

Physical Address:

or

Via Email to:

FEAT of Southern Nevada  
"iPad 4 U Scholarship Program"  
7061 W Arby Avenue  
Suite 170  
Las Vegas, NV 89113

ipad4u@featsonv.org  
(must be submitted in a pdf file)

For any additional questions or information, please call the FEAT hotline at: 702-368-3328

**Release of Liability**

I agree to indemnify and hold harmless **FEAT of Southern Nevada** (Families for Effective Autism Treatment), the **iPad 4 U Scholarship Program**, **Victor Autism Resources** (VAR), and any and all employees agent or representatives, from damages to property injuries to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against the iPad 4 U Scholarship Program and any and all employees, agents, representatives in connection with the iPad 4 U Scholarship Program.

<b>Signatures</b>	
<b>Signature of Guardian:</b>	Date:
<b>Signature of Provider:</b>	Date:

**"An individual who can label letters, numbers, shapes and colors...but cannot use his words to express wants and needs or socially interact with other people... has language but not communication skills"**  
Author: Cari Ebert